

**The Phoenix Rising:  
Describing Women's Stories of Long-Term Recovery  
A Narrative Analysis**

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**Statement of the Research Problem**

Research demonstrates the differences between men and women and their respective pathways into addiction, but less is known about women's recovery trajectories (Abbott, 1994; Brady & Randall, 1999; Brown, 2002; Byington, 1997; Covington, 2002; Ettorre, 1992; Nelson-Zlupko, Kauffman, & Morrison, 1995; Straussner, 1997; Straussner & Attia, 2002; Weissman & O'Boyle, 2000; Zelvin, 1999). Studies examining the nature of recovery for women are limited, especially those seeking to understand these experiences directly from their perspectives or recovery over the lifespan (Lantz, 2001; Laudet, 2007). Additionally, research on long-term recovery is scarce. Nothing definitive details the point at which someone is officially in long-term recovery, although some studies allude to the point at which an abstinent person begins "looking" more like their non-affected counterparts, according to various psychosocial measures (Brown, 2004; Tiburcio, 2006; Valliant, 1996; Voltaire-Carlsson, Hiltunen, Koechling, & Borg, 1996).

The problem at hand is two-fold: not enough is known about the long-term nature of recovery for women, and what is known is in serious need of expansion to understand the personal meaning and identity created through the recovery journey. Specific insight into significant moments, transitions, relationships and experiences sheds light on the largely untold story of recovery over the lifetime (Elder, 1985; George, 1993). Much about recovery is taken-for-granted—the assumption is that once one "gets sober" the rest is simple is reflected in the absence of research on long-term recovery experiences. Building and maintaining recovery for multiple years requires certain transformative changes to occur (Brown, 2004; Covington, 1999; Kearney, 1998; Lange, 2007); understanding more about these changes from women who have undergone them is necessary to further understanding of this process.

## **Research Background and Hypotheses**

This work was interested in how women in long-term recovery from alcohol and other drugs described their experiences through personal narrative, including gaining an understanding of the realities, significant relationships, connections, experiences and moments that define their recovery. The goal of the work was two-fold: (1) develop a greater understanding of women's long-term recovery experiences and (2) examine the construction and meaning of their respective narratives utilizing feminist and life course theories. The methodology in this study was deliberate: it sought to elicit narratives to understand how women who have maintained their sobriety for numerous years story their recovery. An examination of the narrative through a tri-layered analytical approach revealed elements of story structure, illustrating how and why personal narratives about recovery are constructed. The application of a life course analysis to the structure revealed the use of autobiographical reasoning as a means to draw lessons from personal experiences and how this reasoning impacts the telling of one's story. Life course analysis also allows for identification of transitions and trajectories to examine their impact on recovery pathways. The third analytical layer of voice examined the narrator in her own terms: her relational landscape, places of emotional resonance in her story, moments of contradiction, translation, and the use of images and metaphor to explain oneself.

Recovery from addiction is a transformative process that is largely intra and interpersonal, which implies that many factors are dynamic, mysterious at times, and seemingly elusive to those who are still struggling. This tri-layered methodological approach was needed to understand recovery in a way that examined these "intangibles" and makes them explicit and detailed. The power of the story cannot be overstated in terms of how knowledge and meaning are transferred, how people are inspired, persuaded and even deflated. Recovery is not exempt from this phenomenon as the role of stories and personal narratives play an integral role in the development of addiction and the entrance into recovery. Thus, studying narrative in recovery is a valuable endeavor.

## **Methodology**

### **Participants**

Nine women participated in this study. Each identified as being in recovery from alcohol and/or other drugs. Years of reported sobriety ranged from five to 29. Women ranged in age from early thirties to late sixties; two women were African-American, seven were Caucasian. Three women lived near Columbus, Ohio and six lived near Kansas City, Missouri. All women had either current or past affiliation with 12-step support, and five women received formal treatment services during their recovery. Most

women had a parental figure who was an alcoholic, and the majority had experienced forms of abuse as children.

### **Data Collection**

Data were collected through individual interviews, conducted and transcribed by the author. Interviews followed a semi-structured format (Fetterman, 1998), facilitating the ability to ask clarification questions. Questions posed during each interview included:

1. Describe your process into recovery. (How did you begin this journey?)
2. Define what “recovery” means to you.
3. Tell me about your experience as a recovering woman.
4. What stands out to you as significant in terms of your recovery journey?
5. What kinds of connections were important to you?
6. Describe “long-term” recovery? (How does one know she’s there?)
7. What don’t most people know about long-term recovery for women?

Interviews were audio-recorded using digital devices, which allowed for clear sound recording and ease in transcription. Because this study was concerned with nuances in speech, elements of voice and voicing, and interactions between the interviewer and interviewee, each line of dialogue as transcribed verbatim. Sounds, silence and other utterances (i.e. pauses, laughter, quivering) were added in parentheses to convey the spirit of the dialogue on paper. Interviews were transcribed by the interviewer using a word processing format only; no data analysis software was employed for this analysis, as it was determined that the current software available did not meet the needs of this style of narrative analysis.

### **Data Analysis**

This work focused on how women in long-term recovery from alcohol and other drugs described their experiences through personal narrative, including gaining an understanding of the realities, significant relationships, connections, experiences and salient moments. The qualitative methodology of narrative analysis was used for this study to, building on the work of Riessman (1993; 2008) and Sands (2004). This application of narrative is from a social work perspective, wherein a person-in-environment perspective (person: environment) is utilized to understand how the narrator interacts with family, communities, institutions, and broader society in her life (Haynes & Holmes, 1994). This perspective fits well with a narrative approach as it takes into account the individual and the external influences that impact her life, which creates a living picture through which stories are examined.

The analysis of the narrative examined meaning and identity within the context of the personal story by combining three layers of analytical techniques. This process began with a structural analysis, which lent itself to an application of life course analysis as the second layer, followed by a voice analysis as the third layer. Structural analysis examines the organization of the story, including the messages being conveyed by the narrator (Sands, 2004). Life course analysis lends itself to understanding the impact of transitions and trajectories in a woman's recovery story, especially as they related to qualitative changes (Elder, 1985; George, 1993). The application of a voice analysis through the study reflected the research aims of understanding women's long-term recovery experiences from a feminist perspective (Gluck & Patai, 1991; Brown & Gilligan, 1992). The three layers of analysis are both distinctive in their procedures and in the story components each defines as important; however, they are complimentary and assist one another with developing a rich and complex understanding of the meaning within the story. As such, each layer was done separately, yet attuned to simultaneously at times when similar features present themselves. This multi-layered analysis was complicated and required organization of data from the initial stages. Transcripts were organized in a binder, with each interview having its own section. A *transcription worksheet* was created to guide the process and served as a template for each interview and was filed at the beginning of each section. The worksheet encapsulated the many steps involved in this technical process. A space to identify the interview was created, followed by a section on the transcription process. The next three sections of the worksheet laid out the components involved in each analytical layer, beginning with a section for the structural analysis, followed by a section for the life course analysis, and ending with a section for the voice analysis. Within each section were the essential features of each layer. A worksheet such as this one strengthened the fidelity and rigor of the methodological process throughout all ten interviews as they were completed in a thorough and procedural manner.

## Results

The lengthy process of tri-layered analysis was necessary to develop a detailed picture of long-term recovery from a woman's perspective. Personal narratives provide extensive amounts of data, which varies based on the method of excavation. Combining structure, life course and voice provided information for understanding the many facets of the recover. Findings were organized into three chapters in the dissertation: (1) Structural; (2) Life Course; and (3) Voice.

The three analytic layers employed in this study reflected feminist principles for of understanding the gendered experiences of women. First, this study examined narrative form for storytelling style. The women in this study each had a narrative form

that was structured by chronology for the opening question to describe their journey into recovery. After the first question, their styles became much more fluid focused on events ordered emotional resonance in each narrator's memory. Their styles were reflective and introspective for the most part, with some women providing extensively detailed vignettes. Each narrative contained multiple stories within stories, or sub-stories that highlighted a particular point or experience. Elements of the story structure were examined to understand how women construct their individual stories. The use of events and outcomes were coded, as well as the use of contextual statements. Events and outcomes played a larger role in understanding life course, while context emerged as the central feature for understanding perspective, meaning and identity. The structural analysis provided details about how the women communicated their stories of long-term recovery; but structural analysis alone was not enough to create a complete picture of long-term recovery.

Adding life course as the second analytical layer was necessary to help discern the intersection of events and transitions within personal and social contexts. The impact of the transitions and trajectories on the women's respective life courses proved interesting for several reasons. First, the pathways into addiction and recovery had many similarities, despite differences in age, geographic location and ethnicity among the participants. Second, the significant moments they experienced on an individual level in their addiction and in their recovery provided understanding into personal moments of realization, emotional resonance and meaning. Third, it became increasingly evident that all of the women in this study had spent time reflecting upon the course of their lives, attempting to understand how they had become addicts and found their way into recovery. Those who used more autobiographical reasoning were much more introspective in their story-telling style; those who used it less were focused more on a plot and character-driven story than an examination of their own perspective. This feature was not necessarily correlated with longevity in recovery, nor did it seem to correlate with chronological age. A "recovery roadmap" was developed as a result of these findings, providing detail on the transitions and trajectories experienced in long-term recovery.

As "gendered subjects" women make efforts to understand and face challenges related to their status as women; in the case of this research, the women in this study faced the challenge of first being women who were alcoholics and addicts and then being women in recovery from addiction. A roadmap and picture of recovery was elucidated through the analysis of the narrative, revealing important information about the process. The women in this study revealed how building and maintaining recovery for multiple years requires certain transformative changes to occur on the inside (self) and the outside (environment). Changes in the self included the development of a spiritual life, internalization of 12-step concepts, and emotional growth. Additionally, they learned to

trust others and develop relationships, learning they had something meaningful to offer because of their experiences.

Timeframes within the recovery process revealed an extended “beginning” for all nine participants; timeframes ranged from the first two years through the first ten years. Interestingly, the transition out of the beginning of recovery coincided with the sense of having a solid identity in recovery. For some women, this sense of identity came earlier in others, which may be related to the timing and resolution of painful issues such as eating disorders and sexual abuse. Numerous transitions occurred during the beginning including (a) involvement in the 12-step community and involvement with 12-step support, especially during the first year; (b) access to treatment; (c) identifying and working on painful life issues and re-learning how to do basic things in life without substances; and (d) connection to a mentor or nurturing individual who provided guidance and support.

As the women examined the passing years in recovery during their interviews, defining features of long-term recovery emerged. Women discussed their personal understanding of “recovery” and how they knew they were in it for the “long-term”. Their collective definition included directions for the (1) practical or tangible aspects of recovery, (2) the individual identity or personal worldview components of recovery, and (3) the relational aspects of recovery or living a recovered life. I provide the following definition based on the information gathered from the women in this study and my interpretations of their explanations: Recovery from substance dependence is a complex process, characterized by sobriety as a foundational feature, and sustained by growth in one’s identity, wellness, spiritual practices, feelings and actions, with assistance and support from caring others in the community. Recovery is at its core transformational and life changing and has the capacity to be sustained and maintained over the life course.

The core components for the definition for long-term recovery based on this study are as follows:

- *First, a person knows that she is in recovery for the long term when she realizes for herself that drinking and using are no longer an option at a fundamental level (meaning there is no questioning about whether or not one can use substances again).*
- *Second, she must come to realize that her recovery is not separate from her life; rather it is her life, as she integrates her past and works to resolve painful issues.*
- *Third, the application of recovery principles must begin to materialize in ways that are beneficial and meaningful to the individual. Once she senses that her*

*new life is something she wants more than her old life, she will begin to feel connected to the idea that she is in recovery for the long-term.*

- *Finally, this transition from feeling like recovery is work or something foreign will shift on emotional, spiritual and cognitive levels to signal a sense of comfort and normalcy.*

## **Utility for Social Work Practice**

Implications for practice begin with the basics of therapeutic connections in order to assist women with the transitions needed to facilitate a trajectory for healing. Willingness to try different approaches for engagement with a woman will help her either begin her entrée into recovery, or sustain her sobriety if she is already this part of her journey. Gregoire (1995) recommends workers understand that an individual's denial of their addiction as a method of protecting a source of personal meaning, as the substances have been a part of life and identity for many years. To transcend this denial, the worker will need to assist the woman in overcoming the fear of letting her old identity go in order to embrace a new version of self.

The feminist recommendations for listening and interviewing women are salient for those working in individual or group therapy, as they foster an environment for a woman to feel safe and to utilize her voice, which will allow her to share her struggles and victories and ultimately recognize her strengths. Because women may be involved in 12-step support, social workers should understand the narrative community that exists inside of the fellowships. Freedom to contextualize one's experience and not be forced to give linear answers allows for the development of order, coherence and meaning making. These strategies for being present and open to dialogue will foster a therapeutic relationship that feels collaborative and safe.

Not all social workers who interact with women in addiction or recovery will do so in a treatment setting; they may encounter women who are battling addiction in other settings. The need to recognize addiction and acknowledge its existence in women is an important first step to offering help and linking a woman to a potential service provider. The women in this study found that addiction impacted many other areas of their lives, and that they had numerous issues to face, including co-morbidity issues of post-traumatic stress, anxiety, depression, and eating disorders. They were not necessarily aware of all these issues and the interconnection with their substance use, but they did eventually identify them and work on them over the course of many years. Thus, the focus on helping and healing for social workers must embrace the life-course perspective and understand that healing may be slow and somewhat disjointed because it will occur over time.

Crucial to their success in maintaining abstinence was a sense of connection to others in the very early weeks and months of sobriety (for eight of the nine women). For

some of the women, this connection came in the 12-step fellowship community, especially as they met other women in recovery. For others, the connection was to one or two supportive people who encouraged them to maintain their sobriety. Thus, social workers ought to familiarize themselves with the various social support networks that are available in communities, as well as exploring the kind of support in which a woman is most interested.



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